

# Comprehensive Improvement Plan

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**Breakout of items as required for the federal  
Program Improvement Plan**

**5<sup>th</sup> Quarterly Report**  
(October - December 2005)



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The Program Improvement Plan, as agreed upon in October 2004, is attached. Benchmarks that are completed are shaded in gray. If an entire action step is completed the entire row is shaded as gray. The status column indicates action steps outstanding in this quarter, project impact and planned resolution. In addition, the status column indicates if completed policies/protocols or supporting materials are attached with this report. Only items that have been finalized and approved by management are attached.



Safety

|  |  |   |
|--|--|---|
| Safety Outcome 1: Children are first and foremost protected from abuse and neglect |  |   |
| Item 1   | Timeliness of Investigations<br><i>Case Review Goals</i>   |   |
| Measurement or Goal Description (as negotiated 10/04)                              |  | Percent or Date   |
| Measurement Method   | 1. CAMIS Data - Percent of child victims requiring a face-to-face contact on non-emergent referrals, who received one within 72 hours from the date of the referral. <i>(Equates to state policy of 72 hour response).</i>   | 86.4%   |
|  | 2. CAMIS Data - Percent of child victims requiring a face-to-face contact on emergent referrals, who received one within 1 calendar day from the date of the referral. <i>(Equates to state policy of 24-hour response).</i> | 91.5%   |
| Baseline Measure   | 1. CAMIS Data for May 2004   | 59.9%   |
|  | 2. CAMIS Data for May 2004   | 59.3%   |
| Improvement Goal   | 1. Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.  | 80% within one year from PIP approval; 90% within two years from PIP approval |
|  | 2. Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.  | 80% within one year from PIP approval; 90% within two years from PIP approval |
| Projected Date of Achievement for Goal   | No later than two years from the date of PIP approval.<br>(for both measures)  | 9/06  |

|                   |  |   |   |  |  |
|-------------------|--|---|---|--|--|
| Safety Outcome 1: | Children are first and foremost protected from abuse and neglect   |   |   |  |  |
| Item 1            | Timeliness of Investigations<br><i>Case Review Goals</i>   |   |   |  |  |
| Progress Updates  | 1 <sup>st</sup> Quarter<br>(October- December 2004)  | 2 <sup>nd</sup> Quarter<br>(January- March 2005)  | 3 <sup>rd</sup> Quarter<br>(April-June 2005)  | 4 <sup>th</sup> Quarter<br>(July-September 2005)   | 5 <sup>th</sup> Quarter<br>(October-December 2005)   |
| Current Measure   | No measurement updates reported during the 1 <sup>st</sup> quarter   | 80.5% for non-emergent referrals (February 2005)<br><br>78.9% for emergent referrals (February 2005)<br><br>96.5% of emergent referrals responded to within 10 days | 85.6% for non-emergent referrals (April 2005)<br><br>84.7% for emergent referrals responded to within 24 hours<br><br>96.4% of emergent referrals responded to within 10 days | 84.3%<br><br>89.3%<br><br>No further reports are due   | 90.7%<br><br>85.7%<br><br>No further reports are due   |
| Improvement Goal  | 80% within one year from PIP approval; 90% within two years from PIP approval<br><br>80% within one year from PIP approval; 90% within two years from PIP approval | 80% by 10/05<br>90% by 10/06 (for non-emergent referrals)<br><br>80% by 10/05<br>90% by 10/06 (for emergent referrals)  | 80% by 10/05<br>90% by 10/06 (for non-emergent referrals)<br><br>80% by 10/05<br>90% by 10/06 (for emergent referrals)  | 80% by 10/05<br>90% by 10/06 (for non-emergent referrals)<br><br>80% by 10/05<br>90% by 10/06 (for emergent referrals) | 80% by 10/05<br>90% by 10/06 (for non-emergent referrals)<br><br>80% by 10/05<br>90% by 10/06 (for emergent referrals) |

## Item 1

### Timeliness of Investigations *Action Steps*

| Goals |  | Action Steps/Benchmarks |  | Required Finish  | Projected/ Actual Finish   | Status  | Cross Reference Item to KCF II |
|-------|--|-------------------------|--|--|--|---|--------------------------------|
| 1.1   | Improve response time on Child Protective Services referrals | 1.1.1                   | <p>Increase compliance with current policy requiring the Division of Children and Family Services (DCFS) social workers to make initial face-to-face contacts with child victims for referrals of abuse and/or neglect within ten working days from the date of referral.</p> <ul style="list-style-type: none"> <li>a. Distribute quick reference guide to all DCFS and LR/CPS workers regarding SER documentation requirements for child interviews and steps to correctly enter the information into CAMIS.</li> <li>b. Division of Practice Improvement will initiate a monthly, customized report for each office on compliance with the 10-day policy.</li> <li>c. Implement an automated prompt, via CAMIS, to supervisors and social workers on the 7th day of the referral, of children requiring face-to-face contact.</li> <li>d. Initiate quarterly report out on compliance and improvement of performance for initial face-to-face.</li> <li>e. Achieve performance goal of 80% compliance.</li> <li>f. Achieve performance goal of 90% compliance.</li> </ul> | <p>10/04</p> <p>12/04</p> <p>2/05</p> <p>6/05-6/06</p> <p>9/05</p> <p>9/06</p> | <p>Complete (10/04)</p> <p>Complete (12/04)</p> <p>Complete (1/05)</p> <p>Complete (6/05)</p> <p>Complete (5/05)</p> <p>On Track</p> | The quick reference guide was completed and attached to the 1 <sup>st</sup> quarter report. | 1.1.1                          |
|       |  | 1.1.2                   | <p>Develop guidelines outlining intake timelines for referral review and transfer to Child Protective Services (CPS)</p> <ul style="list-style-type: none"> <li>a. Establish policy workgroup to develop guidelines</li> <li>b. Workgroup reports out on draft guidelines</li> <li>c. Management review and approval of appropriate recommendations.</li> <li>d. Communicate policy changes to staff.</li> <li>e. Policy becomes effective and is implemented statewide.</li> </ul>  | <p>10/04</p> <p>12/04</p> <p>1/05</p> <p>2/05</p> <p>3/05</p>                  | <p>Complete (10/04)</p> <p>Complete (12/04)</p> <p>Complete (1/05)</p> <p>Complete (1/05)</p> <p>Complete (3/05)</p>                 | Complete.   | 1.1.2                          |

**Item 1**

**Timeliness of Investigations**  
*Action Steps*

| Goals |  | Action Steps/Benchmarks |   | Required Finish                                   | Projected/ Actual Finish   | Status    | Cross Reference Item to KCF II |
|-------|--|-------------------------|---|---|--|-----------|--------------------------------|
|       |  | 1.1.3                   | Improve “usability” of GUI specific to input of initial face-to-face (IF).<br>a. High level planning complete (assigning staff, prioritizing the work, estimating the effort to complete)<br>b. Requirements and design complete<br>c. Construction complete (coding)<br>d. Testing complete<br>e. Pilot complete<br>f. Production implementation (release and training).   | 6/04<br>8/04<br>9/04<br>11/04<br>12/04<br>12/04   | Complete (8/04)<br>Complete (9/04)<br>Complete (11/04)<br>Complete (11/04)<br>Complete (1/05)<br>Complete (1/05) | Complete. | 1.1.3                          |
|       |  | 1.1.4                   | Require DCFS social workers to make face-to-face contact with child victims within 24 hours for all referrals of child abuse and/or neglect rated as emergent.<br>a. Establish policy workgroup to develop recommendations regarding policy changes for 24-hour face-to-face contacts on emergent referrals.<br>b. Management review and approval of appropriate recommendations<br>c. Communicate policy changes with staff.<br>d. Policy becomes effective and is implemented statewide.<br>e. <del>Establish baseline for compliance with policy change and set performance measure.</del><br>f. Initiate quarterly progress reports to the field. | 10/04<br><br>1/05<br>2/05<br>3/05<br>6/05<br>9/05 | Complete (10/04)<br><br>Complete (1/05)<br>Complete (2/05)<br>Complete (4/05)<br>--<br>Complete (6/05)           | Complete. | 1.1.6                          |

|   |  |                                |
|---|--|--------------------------------|
| Safety Outcome 1:                                     | Children are first and foremost protected from abuse and neglect   |                                |
| Item 2  | Repeat Maltreatment<br><i>Data Measures</i>  |                                |
| Measurement or Goal Description (as negotiated 10/04) |  | Percent or Date                |
| Measurement Method                                    | CAMIS Data - Percent of cases of all children who were victims of a founded maltreatment report in the reporting period and were victims of another founded report within 6-months.<br><br>Model based on federal calculation methodology using a rolling 12-month period for each quarter | National Standard:<br><br>6.1% |
| Baseline Measure                                      | Statewide aggregate NCANDS data for FFY 2002 (per data profile)  | 10.8%                          |
| Improvement Goal                                      | Item achieved when improvement goal met or exceeded.   | 9.9%                           |
| Projected Date of Achievement for Goal                | No later than two years from final PIP approval  | 9/06                           |

|                   |  |   |   |   |   |
|-------------------|--|---|---|---|---|
| Safety Outcome 1: | Children are first and foremost protected from abuse and neglect   |   |   |   |   |
| Item 2            | Repeat Maltreatment<br><i>Data Measures</i>                        |   |   |   |   |
| Progress Updates  | 1 <sup>st</sup> Quarter<br>(October- December 2004)                | 2 <sup>nd</sup> Quarter<br>(January- March 2005)                    | 3 <sup>rd</sup> Quarter<br>(April-June 2005)                        | 4 <sup>th</sup> Quarter<br>(July-September 2005)                    | 5 <sup>th</sup> Quarter<br>(October-December 2005)                  |
| Current Measure   | No measurement updates reported during the 1 <sup>st</sup> quarter | NCANDS reporting issues are not yet resolved.                       | NCANDS reporting issues are not yet resolved.                       | 9.6%  | No further reports are due  |
| Improvement Goal  | Item achieved when improvement goal met or exceeded (9.9% lower)   | Item achieved when improvement goal met or exceeded (9.9% or lower) | Item achieved when improvement goal met or exceeded (9.9% or lower) | Item achieved when improvement goal met or exceeded (9.9% or lower) | Item achieved when improvement goal met or exceeded (9.9% or lower) |

Item 2

Repeat Maltreatment  
*Action Steps*

| Goals |  | Action Steps/Benchmarks |  | Required Finish      | Projected/ Actual Finish | Status  | Cross Reference Item to KCF II |
|-------|--|-------------------------|--|----------------------|--------------------------|---|--------------------------------|
| 2.1   | Eliminate and prevent duplicate incidents within the statewide information system. | 2.1.1                   | Develop and implement strategies to eliminate and prevent duplicate incidents in CAMIS.  |                      |                          | This action step was removed in the 3 <sup>rd</sup> quarterly report. | 2.1.1                          |
|       |  |                         | a. Establish a policy workgroup, <i>including representatives from CATS and the Data Unit</i> , to develop recommendations for strategies to address duplicate incidents in CAMIS. | 9/04                 | Complete(11/04)          |   |                                |
|       |  |                         | b. Workgroup reports out on recommended strategies.  | 12/04                | Complete (2/05)          |   |                                |
|       |  |                         | c. Management team reviews and approves appropriate strategies.  | 2/05                 | Complete (4/05)          |   |                                |
|       |  |                         | d. <del>Requirements and design completed by CATS</del>  | <del>3/05-7/05</del> | --                       |   |                                |
|       |  |                         | e. <del>Construction complete (coding)</del>   | <del>8/05</del>      | --                       |   |                                |
|       |  |                         | f. <del>Testing complete</del>   | <del>9/05</del>      | --                       |   |                                |
|       |  |                         | g. <del>Pilot complete</del>   | <del>9/05</del>      | --                       |   |                                |
|       |  |                         | h. <del>Implement strategies statewide</del>   | <del>10/05</del>     | --                       |   |                                |
|       |  |                         | i. <del>Report out to field offices on implementation</del>  | <del>12/05</del>     | --                       |   |                                |

**Item 2**

**Repeat Maltreatment  
Action Steps**

| Goals |  | Action Steps/Benchmarks |  | Required Finish  | Projected/ Actual Finish  | Status  | Cross Reference Item to KCF II |
|-------|--|-------------------------|--|--|---|---|--------------------------------|
| 2.2   | Reduce the rate of chronically referring families. | 2.2.1                   | <div>Streamline the criteria for Intake to use in identifying chronically referring families to include:<ul style="list-style-type: none"><li>Three referrals in the prior year.</li><li>Four referrals in the prior two years.</li><li>Five referrals in the prior three years.</li><li>Two or more founded allegations in the past two to six CPS referrals.</li></ul></div> <div>a. Establish policy workgroup to develop policies and procedures for identifying chronicity.</div> <div>b. Management review and approval of policies and procedures.</div> <div>c. Communicate policy decisions to staff.</div> <div>d. Policy changes become effective and are implemented statewide.</div> <div>e. Implement automated "flagging" for cases meeting chronicity criteria.<ul style="list-style-type: none"><li>Scope approved</li><li>Requirements and Design Complete</li><li>Construction Complete</li><li>Testing Complete</li><li>Pilot Complete</li><li>Production Implementation</li></ul></div> <div>f. Establish baseline for performance measure.</div> <div>g. Initiate quarterly progress reports to the field.</div> | <div>1/05</div> <div>6/05</div> <div>7/05</div> <div>7/05</div> <div>7/05</div> <div>12/05</div> <div>3/06</div> | <div>Complete (1/05)</div> <div>3/06</div> <div>6/06</div> <div>6/06</div> <div>2/06</div> <div>3/06</div> <div>4/06</div> <div>4/06</div> <div>5/06</div> <div>6/06</div> <div>7/06</div> <div>10/06</div> | <div>The policy workgroup has been established and draft recommendations have been completed.</div> <div>(Additional steps were added to benchmark "e" in the second quarter to show the status of steps necessary to implement automated flagging).</div> <div>The automated flagging system scheduled for release in 6/06. The policy to support the revised chronicity criteria will be presented to CA management 3/06.</div> <div>Given the automated flagging system quarterly reporting is redundant, in the 4<sup>th</sup> quarter we proposed and ROX concurred with the removal of "f" and "g" items from the plan. ROX also concurred with adjustments to "b" - "d".</div> | 2.2.1                          |

**Item 2**

**Repeat Maltreatment  
Action Steps**

| Goals |                                    | Action Steps/Benchmarks |  | Required Finish | Projected/ Actual Finish | Status   | Cross Reference Item to KCF II |
|-------|------------------------------------|-------------------------|--|-----------------|--------------------------|--|--------------------------------|
| 2.3   | Improve response to child neglect. | 2.3.1 (also 3.1.3)      | In collaboration with contracted providers implement training for <del>contracted provider</del> <u>staff and foster parents</u> on family engagement. |                 |                          | A copy of training calendar was attached to the 4 <sup>th</sup> quarterly report.  | 4.2.3 and 14.3.1               |
|       |                                    |                         | a. Establish planning group to develop training curriculum and training schedule.  | 9/04            | Complete (9/04)          | In the Annual PIP Review, CA proposed and the ACF/RO concurred with adding social workers and foster parents, and removing “contractors.” CA will focus on social workers and foster parents for the biggest impact. Contractors will be trained at a later date.<br><br>In the 5 <sup>th</sup> quarter, we have removed the reference to “Phase 1” in benchmark “c”. Training has been provided to provider staff. Regional training has begun for social workers and foster parents and will be ongoing. |                                |
|       |                                    |                         | b. Complete development of training curriculum and publish training schedule.  | 12/04           | Complete (12/04)         |  |                                |
|       |                                    |                         | c. Provide <del>Phase I</del> regional based training to contract provider staff.  | 1/05-4/05       | Complete (6/05)          |  |                                |
|       |                                    |                         | d. Provide <del>Phase I</del> regional based training to <del>contract provider staff</del> , social workers and foster parents.                       | 3/06 ongoing    | 3/06                     |  |                                |
|       |                                    |                         | e. <del>*New* Provide Phase II regional based training to social workers and foster parents</del> <u>contracted provider staff.</u>                    | --              | --                       |  |                                |

**Item 2**

**Repeat Maltreatment  
Action Steps**

| Goals |  | Action Steps/Benchmarks |   | Required Finish | Projected/ Actual Finish | Status   | Cross Reference Item to KCF II |
|-------|--|-------------------------|---|-----------------|--------------------------|--|--------------------------------|
|       |  | 2.3.2                   | <p>In collaboration with contracted providers develop and implement revisions to ARS, FPS and IFPS to better serve chronically referring families.</p> <p>a. Establish workgroup to develop recommended service provision plan and identify any required legislative revisions and costs.</p> <p>b. Workgroup report out recommendations.</p> <p>*New*</p> <p>c. <u>Complete Phase I of contract review process</u></p> <p>d. <u>Identify programmatic changes needed</u></p> <p>e. <u>Provide training to contractors to support program changes</u></p> <p>f. <u>Complete Phase II of contract review and begin implementation of programmatic changes</u></p><br><p>c. <u>Begin Phase I of contract revision within available funding.</u></p> <p>d. <u>Propose legislative revisions (ARS)</u></p> <p>e. <u>Legislative and budget appropriations for ARS and additional funding.</u></p> <p><u><del>The following benchmarks are subject to 2005 budget request and legislation:</del></u></p> <p>f. <u>Begin Phase II of contract revision.</u></p> <p>g. <u>Complete revision of contracts and implement services.</u></p> |                 |                          | <p>In the 4<sup>th</sup> quarter we proposed and ROX concurred with adding a new "c" "d" "e" and "f" and the removal of "g".</p> <p>We conducted a review of these contracts. Phase I involves changes to the contracts to strengthen fiscal reporting and accountability. Phase II will result in programmatic changes. These changes will effective upon execution of the contracts on July 1, 2006.</p> <p>ARS program changes will include a review of service requirements and change in the array of services provided. FPS/IFPS program changes will include implementation of performance measures and the North Carolina Family Assessment tool. Migration to evidence based practices will also begin.</p> | 4.2.4                          |
|       |  |                         |   | 9/04            | Complete (9/04)          |  |                                |
|       |  |                         |   | 11/04           | Complete (11/04)         |  |                                |
|       |  |                         |   | --              | Complete (12/05)         |  |                                |
|       |  |                         |   | --              | 4/06                     |  |                                |
|       |  |                         |   | --              | 5/06                     |  |                                |
|       |  |                         |   | --              | 6/06                     |  |                                |
|       |  |                         |   | 4/05            | --                       |  |                                |
|       |  |                         |   | 12/05           | --                       |  |                                |
|       |  |                         |   | 7/06            | --                       |  |                                |
|       |  |                         |   | 9/06            | --                       |  |                                |
|       |  |                         |   | 11/06           | --                       |  |                                |

|   |  |   |   |
|---|--|---|---|
| Safety Outcome 2:                         | Children are safely maintained in their homes when possible and appropriate                              |   |   |
| Item 3                                    | Services to prevent removal<br><i>Case Review Measures</i>   |   |   |
| Measurement or Goal Description           |  | Original CFSR Baseline<br>(as negotiated 10/04)   | Baseline from Central<br>Case Review  |
| Measurement Method                        | Case Review  |   |   |
| Baseline Measure                          | CFSR onsite review November 2002   | 81%   | 82%*  |
| Improvement Goal                          | Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods. | 83% (within one year<br>from date of PIP<br>approval)<br><br>86% (within two years<br>from date of PIP<br>approval) | 83% (within one year<br>from date of PIP<br>approval)<br><br>86% (within two years<br>from date of PIP<br>approval) |
| Projected Date of<br>Achievement for Goal | No later than two years from the date of PIP approval.   | 9/06  | 9/06  |

\*Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

|                   |   |  |   |  |  |
|-------------------|---|--|---|--|--|
| Safety Outcome 2: | Children are safely maintained in their homes when possible and appropriate |  |   |  |  |
| Item 3            | Services to prevent removal<br><i>Case Review Measures</i>                  |  |   |  |  |
| Progress Updates  | 1 <sup>st</sup> Quarter<br>(October- December 2004)                         | 2 <sup>nd</sup> Quarter<br>(January- March 2005) | 3 <sup>rd</sup> Quarter<br>(April-June 2005)  | 4 <sup>th</sup> Quarter<br>(July-September 2005) | 5 <sup>th</sup> Quarter<br>(October-December 2005) |
| Current Measure   | No measurement updates reported during the 1 <sup>st</sup> quarter          | 82%*   | 85% - <i>The state has reached the first year achievement goal for one quarter.</i> | 78%  | 86%  |
| Improvement Goal  | 83% (within one year from date of PIP approval)                             | 83% by 10/05                                     | 83% by 10/05  | 83% by 10/05                                     | 83% by 10/05                                       |
|                   | 86% (within two years from date of PIP approval)                            | 86% by 10/06                                     | 86% by 10/06  | 86% by 10/06                                     | 86% by 10/06                                       |

\* Baseline using the new case review tool

**Item 3**

Services to Prevent Removal  
*Action Steps*

| Goals   |  | Action Steps/Benchmarks |   | Required Finish  | Projected/ Actual Finish | Status   | Cross-Reference Item to KCF II |
|---|--|-------------------------|---|------------------|--------------------------|--|--------------------------------|
| 3.1   | Improve the quality of safety assessment and safety plans. | 3.1.1                   | Implement Family Team Decision Making (FTDM) meetings as soon as possible, and within 72 hours of a child’s placement in out-of-home care to develop more effective safety plans. |                  |                          | Attachment A: FTDM policy  | 3.2.1                          |
|   |  |                         | a. Develop policy and practice guidelines and protocols to support FTDM.  | 10/04            | Complete (11/04)         | Complete.  |                                |
|   |  |                         | b. Implement Phase I of the model, beginning with urban centers.  | 10/04 - 12/04    | Complete (12/04)         | 42% of the children and families served by CA are served by the seven offices in phase I.  |                                |
|   |  |                         | c. Hire and train facilitators for urban centers (Phase I).   | 10/04            | Complete (10/04)         | In the 4 <sup>th</sup> quarterly report, we removed phase II and III from the plan, due to lack of resources needed to proceed with these. |                                |
|   |  |                         | d. Provide training to staff, foster parents and community partners on the model.   | 11/04            | Complete (11/04)         |  |                                |
|   |  |                         | e. Implement Phase I of the model, beginning with urban centers.  | 12/04            | Complete (12/04)         |  |                                |
|   |  |                         | f. Evaluate the implementation of Phase I and begin planning plan for Phase II.   | 6/05             | Complete (6/05)          |  |                                |
|   |  |                         | g. <del>Implement Phase II FTDM in 2-3 additional offices per region.</del>   | <del>12/05</del> | --                       |  |                                |
|   |  |                         | h. <del>Implement Phase III FTDM in remaining offices in each region.</del>   | <del>12/06</del> | --                       |  |                                |
| g. Implement <u>policy</u> for mandatory FTDM in phase I sites. | 10/05  | Complete (12/05)        |   |                  |                          |  |                                |

Item 3

Services to Prevent Removal  
Action Steps

| Goals |                       | Action Steps/Benchmarks   | Required Finish  | Projected/ Actual Finish   | Status   | Cross-Reference Item to KCF II |
|-------|-----------------------|---|--|--|--|--------------------------------|
|       | 3.1.2<br>(also 4.1.1) | <p>Review and revise Kids Come First (KCF) policy framework and tools.</p> <p>a. Establish policy workgroup to develop policy and tools to include a tool for staff to assist in building safety plans. These tools will include a minimum requirement for all safety plans as well as giving examples specific to major safety factors.</p> <p>b. Management reviews and approves recommendations.</p> <p>c. Revise academy training to reflect policy and tool revisions and completion of effective safety plans and steps to monitor plans to assess their effectiveness.</p> <p>d. Provide <u>refresher</u> training to all CA social workers and supervisors on the Kids Come First revised tools and policies including how to complete effective safety plans and steps to monitor plans to assess their effectiveness.</p> <p>e. <del>Establish automated system for tracking completed safety plans and risk assessments within required timeframes.</del></p> <ul style="list-style-type: none"><li><del>Scope approved</del></li><li><del>Requirements and Design Complete</del></li><li><del>Construction Complete</del></li><li><del>Testing Complete</del></li><li><del>Pilot Complete</del></li><li><del>Production Implementation</del></li></ul> <p>f. <del>Begin implementation of policy revisions.</del></p> <p>g. <del>Complete implementation of</del> Implement revisions.</p> <p><del>*Now* Implementation of the 30-day visit policy</del></p> <p><b>*NEW*</b></p> <p><u>h. Begin using case review program and report out quarterly to the regions on the timeliness and quality of safety assessment, safety plan, and risk assessment.</u></p> | <p>9/04-12/04</p> <p>12/04-1/05<br/>1/05</p> <p>2/05-6/05</p> <p>3/05</p> <p>4/05<br/>6/05<br/>10/05</p> <p>--</p> | <p>Complete (12/04)</p> <p>Complete (1/05)<br/>Complete (1/05)</p> <p>3/06</p> <p>--</p> <p>--<br/>3/06</p> <p>--</p> <p>9/05 (Complete)</p> | <p>A copy of last Case Review Quarterly Report was attached to the 4<sup>th</sup> quarterly report.</p> <p>In the Annual PIP review, we proposed and the ACL/FO concurred with adding the term “refresher” to benchmark “d”, and including a reference to the 30-day visit policy.</p> <p>During design sessions, it was discovered that CAMIS is unable to complete this information system solution.</p> <p>In the 4<sup>th</sup> quarter proposed and ROX concurred with the removal of benchmarks “e” and “f” and the addition of h. We also proposed that the reference to the 30-day benchmark be removed from this section since this already included in 19.1.3.</p> <p>In the response to the 4<sup>th</sup> quarterly report, ROX requested that we consider keeping the 30-day visit reference as a strategy and add this as 3.1.4. We believe this is already addressed in 4.2.2 and 19.1.3.</p> | 3.1.1                          |

**Item 3**

Services to Prevent Removal  
*Action Steps*

| Goals |  | Action Steps/Benchmarks |  | Required Finish  | Projected/<br>Actual Finish | Status | Cross-Reference Item<br>to KCF II |
|-------|--|-------------------------|--|------------------|-----------------------------|--------|-----------------------------------|
|       |  | 3.1.3                   | Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers. | (Refer to 2.3.1) |                             |        | 14.3.1                            |

| Safety Outcome 2:                      |  | Children are safely maintained in their homes when possible and appropriate |  |
|--|--|---|--|
| Item 4                                 |  | Risk of harm<br><i>Case Review Measures</i>                                 |  |
| Measurement or Goal Description        |  | Original CFSR Baseline<br>(as negotiated 10/04)                             | Baseline from<br>Central Case Review             |
| Measurement Method                     | Case Review  |   |  |
| Baseline Measure                       | CFSR onsite case review November 2003  | 70%   | 71%*   |
| Improvement Goal                       | Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods. | 74% (within one year from date of PIP approval)                             | 74% (within one year from date of PIP approval)  |
|  |  | 80% (within two years from date of PIP approval)                            | 80% (within two years from date of PIP approval) |
| Projected Date of Achievement for Goal | No later than two years from date of PIP approval  | 9/06  | 9/06   |

\*Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

|                   |   |  |  |  |  |
|-------------------|---|--|--|--|--|
| Safety Outcome 2: | Children are safely maintained in their homes when possible and appropriate |  |  |  |  |
| Item 4            | Risk of harm<br><i>Case Review Measures</i>                                 |  |  |  |  |
| Progress Updates  | 1 <sup>st</sup> Quarter<br>(October- December 2004)                         | 2 <sup>nd</sup> Quarter<br>(January- March 2005) | 3 <sup>rd</sup> Quarter<br>(April-June 2005) | 4 <sup>th</sup> Quarter<br>(July-September 2005) | 5 <sup>th</sup> Quarter<br>(October-December 2005) |
| Current Measure   | No measurement updates reported during the 1 <sup>st</sup> quarter          | 71%*   | 66%  | 70%  | 83%  |
| Improvement Goal  | 74% (within one year from date of PIP approval)                             | 74% by 10/05                                     | 74% by 10/05                                 | 74% by 10/05                                     | 74% by 10/05                                       |
|                   | 80% (within two years from date of PIP approval)                            | 80% by 10/06                                     | 80% by 10/06                                 | 80% by 10/06                                     | 80% by 10/06                                       |

\* Baseline using the new case review tool

**Item 4**

**Risk of harm**  
*Action Steps*

| Goals |   | Action Steps/Benchmarks |  | Required Finish  | Projected/<br>Actual Finish | Status    | Cross-Reference Item<br>to KCF II |
|-------|---|-------------------------|--|------------------|-----------------------------|-----------|-----------------------------------|
| 4.1   | Improve percentage and quality of safety plans and risk assessments completed within required timeframes. | 4.1.1                   | Review and revise Kids Come First (KCF) policy framework and tools.  | (Refer to 3.1.2) |                             |           | 3.1.1                             |
|       |   | 4.1.2                   | Implement Family Team Decision Making Meetings within 72 hours of a child's placement in out-of-home care to develop more effective safety plans. Model to be phased in over two years, as described in section 3.1.1. | (Refer to 3.1.1) |                             | Complete. | 3.2.1                             |

**Item 4**

Risk of harm  
*Action Steps*

| Goals |  | Action Steps/Benchmarks |   | Required Finish   | Projected/ Actual Finish   | Status   | Cross-Reference Item to KCF II |
|-------|--|-------------------------|---|---|--|--|--------------------------------|
| 4.2   | Reduce the number of children re-entering foster care. | 4.2.1                   | Develop and implement a 6-month after care support plan for children exiting care.<br>a. Utilizing the policy workgroup from section 3.1.1, review and revise Kids Come First (KCF) policy framework and tools to include 6-month after care support program.<br>b. Management review and approves appropriate recommendations.<br>c. Revise academy training to reflect policy and tool revisions.<br>d. Provide <u>refresher</u> training on the Kids Come First revised tools and policies to all CA social workers and supervisors.<br>e. <del>Begin implementation</del> <u>6-month after care support plan policy re- reviewed by CA management</u><br>f. Implementation <u>of policy</u> . | 9/04-12/04<br><br>1/05<br>2/05<br>6/05<br><br>2/05-6/05<br>6/05 | Complete (12/04)<br><br>Complete (1/05)<br>Complete (4/05)<br><br>3/06<br><br>3/06<br>4/06 | In the Annual PIP review, we proposed and the ACL/FO concurred with adding the term “refresher” to benchmark “d”, and changing the last two benchmarks to include a management review and implementation of the policy.<br><br>In the response to the 4 <sup>th</sup> quarterly report, ROX requested a copy of the 6-month after care support plan. We anticipate that this will be ready for attachment to the 6 <sup>th</sup> quarterly report. | 3.3.1                          |
|       |  | 4.2.2<br>*New*          | Implement 30 day visits with all children receiving in-home services.   | (Refer to 19.1.3)   |  | *NEW*  | 14.1.4 and 14.1.5              |

| <div> <div>Item 4</div> <div>Risk of harm</div> <div>Action Steps</div> </div> |   |                         |   |   |                          |   |                                |
|--|---|-------------------------|---|---|--------------------------|---|--------------------------------|
| Goals  |   | Action Steps/Benchmarks |   | Required Finish   | Projected/ Actual Finish | Status  | Cross-Reference Item to KCF II |
| 4.3<br>*New*   | Improve protection and permanency for children. | 4.3.1<br>*New*          | Restructure Child Protective Services / Child Welfare Services Model. <ul style="list-style-type: none"> <li>a. Undertake review of CPS/CWS practice models in other jurisdictions including consultation with appropriate National Resource Center.</li> <li>b. Management selects and approves new CPS/CWS practice model.</li> <li>c. Develop draft policy, practice guide, and training to support new CPS/CWS model.</li> <li>d. Test new model through initial <u>targeted</u> implementation <del>in one region</del>.</li> <li>e. Develop plan for statewide implementation.</li> </ul> | 1/06<br><br>4/06<br><br>5/06<br><br>6/06-9/06<br><br>9/06 | On Track                 | *NEW*<br><br>In the Annual PIP review, we proposed and the ACF/RO concurred with adding this action step to the PIP.<br><br>CA will research and move towards implementation of a revised CPS/CWS service model. This is a major restructuring initiative. It will be implemented based on the development and testing of the model and the phase in of additional CA staff allocated in the 2005-2007 biennium budget.<br><br>Proposed features of this model include:<br>1. CPS team who will focus on safety and risk assessment, investigation and completion of investigations within 45 days<br>2. Transfer of out-of-home cases from CPS to CWS out-of-home services within 72 hours of removal<br>3. Development of new CWS in-home service teams to serve at risk children and families. | 4.1.1 and 11.1.1               |

| <div> <div>Item 4</div> <div>Risk of harm</div> <div>Action Steps</div> </div> |  |                         |   |  |                          |   |                                |
|--|--|-------------------------|---|--|--------------------------|---|--------------------------------|
| Goals  |  | Action Steps/Benchmarks |   | Required Finish  | Projected/ Actual Finish | Status  | Cross-Reference Item to KCF II |
|  |  | 4.3.2<br>*New*          | Define the new practice model for Child Protective Services / Child Welfare Services. <ul style="list-style-type: none"> <li>a. Meeting with Legislature to determine the design requirements that the Legislature wishes to see in the model.</li> <li>b. CA will determine the leads for the project</li> <li>c. CA will charter the project team</li> <li>d. The Team will issue a preliminary report to CA management</li> </ul>  | 2/06<br><br>3/06<br>3/06<br>9/06   |                          | *NEW*<br><br>In the response to the 4 <sup>th</sup> quarterly report, ROX requested that we consider breaking practice model and restructure into two tasks, by adding a 4.3.2.   |                                |
|  |  | 4.3.3<br>*New*          | Implement a re-designed ISSP. <ul style="list-style-type: none"> <li>a. Consult with judiciary for feedback on proposed changes to the ISSP.</li> <li>b. Consult with National Resource for Family Practice and Permanency Planning.</li> <li>c. Consult with ROX regarding the re-design.</li> <li>d. Management approves re-designed ISSP.</li> <li>e. Train staff.</li> <li>f. Implement re-designed ISSP.</li> </ul>  | 1/06<br><br>3/06<br><br>3/06<br>4/06<br>6/06<br>7/06                       |                          | *NEW*<br><br>In the response to the 4 <sup>th</sup> quarterly report, ROX requested that we ensure the new ISSP continues to include and require PIP items. This action step has been added in response to that request. Also see 7.1.1, 14.1.1, 14.1.2, and 17.1.1 for ISSP-related actions steps. |                                |
| 4.4<br>*New*   | Improve practice related to child safety | 4.4.1<br>*New*          | Implement statewide case review model for assessing and improving practice related to <u>Safety, Permanence, and Well-being.</u> <ul style="list-style-type: none"> <li>a. Implement schedule of annual review of case practice in each office</li> <li>b. Complete written report of annual review of each office's case practice</li> <li>c. In consultation with the offices, develop practice improvement plans</li> <li>d. Provide statewide quarterly reports of case practice</li> </ul> | 10/05 - 9/06<br>10/05 - 9/06<br>10/05 - 9/06<br>10/05, 1/06, 4/06 and 7/06 | On Track                 | *NEW*<br><br>In the Annual PIP review, we proposed and the ACF/RO concurred with adding this action step to the PIP.<br><br>In October 2005 we completed an annual review of case practice in each office. This has been provided to ROX.   | 4.6.1                          |